



1631
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Docket No. 2000-039RCE
PATENT

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 5-18-04

BY: Suzanne Shadley
Suzanne Shadley

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	Falcioni et al.	Confirmation No.	3082
Serial No.:	09/840,003	Group Art Unit:	1631
Filed:	4/19/01	Examiner:	Allen, Marianne P.
For:	Combinatorial Parameter Space Experiment Design		

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith (check all that apply):

- | | |
|------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Preliminary Amendment | <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement |
| <input type="checkbox"/> Response/Amendment A | <input type="checkbox"/> Petition Under 37 CFR 1.97(d)(2) |
| <input type="checkbox"/> Response/Amendment After Final | <input type="checkbox"/> Formal Drawings |
| <input type="checkbox"/> Supplemental Amendment | <input type="checkbox"/> Declaration Under 37 CFR 1.131 |
| <input type="checkbox"/> Affidavits/Declarations | <input type="checkbox"/> Declaration Under 37 CFR 1.132 |
| <input type="checkbox"/> Declaration and Power of Attorney | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> Supplemental Declaration | <input type="checkbox"/> Small Entity Statement |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Request for Refund |
| <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Appeal |
| <input type="checkbox"/> Associate Power of Attorney | <input type="checkbox"/> Request For Continued Examination |
| <input type="checkbox"/> Response to Missing Parts | <input type="checkbox"/> Status Letter |

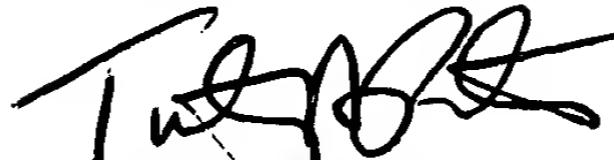
to be filed in the above-identified patent application.

No fee is required.

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 50-0496.

A duplicate copy of this Transmittal Letter is transmitted herewith.

Respectfully submitted,



Timothy A. Porter
Reg. No. 41,258
Attorney for Applicant(s)

Date: 5/18/04

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Attorney Docket No. 2000-039RCE
PATENT

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BY:

Handwritten signature of Suzanne Shadley.

Suzanne Shadley

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Falcioni et al.

Confirmation No. 3082

Serial No.: 09/840,003

Group Art Unit: 1631

Filed: 4/19/01

For: Combinatorial Parameter Space
Experiment Design

Examiner: Allen, M.

Santa Clara, California
May 18, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

Applicant requests that the references cited herein be considered in connection with the examination of this application. The references are listed on the attached PTO-1449 form.

Copies of the references are enclosed.

Applicant believes that no fee is required for submission of this statement. If a fee is required, the Commissioner is authorized to deduct such fee from Deposit Account No. 50-0496.

Respectfully submitted,

Handwritten signature of Timothy A. Porter.

Timothy A. Porter
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INFORMATION DISCLOSURE CITATION 		ATTORNEY'S DOCKET NO.:		APPLICATION NO.:		
		2000-039RCE		09/840,003		
		APPLICANT:				
		Falcioni et al.				
FILING DATE:		GROUP:				
April 19, 2001		1631				
US PATENT DOCUMENTS						
EXAMINER'S INITIALS	PATENT NO.	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	4,368,509	1/11/83	Li	364	148	6/22/81
	4,472,770	9/18/84	Li	364	148	9/29/82
	4,710,864	12/1/87	Li	364	148	9/19/84
FOREIGN DOCUMENTS						
EXAMINER'S INITIALS	PATENT NO.	DATE	COUNTRY	CLASS	SUB CLASS	TRANSLATION ?
OTHER DOCUMENTS (including Author, Title, Date, Pertinent Pages Etc.)						
EXAMINER:			DATE CONSIDERED:			

Examiner: Initial if reference considered, whether or not citation is in conformance with M.P.E.P. 609; draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.